

BUS-6 FIELD WORK SAFETY CHECK LIST

1. Define Scope of Work

Utilization Review ____ Precious Metals audit ____ Windshield tour ____
Inventory ____ Inventory Validation ____ Meeting ____
Backup PA ____ Excess assistance ____ Training ____
Other _____
Laboratory Office/Program Office/Division: _____
Tech Area: / Site: _____ Escort required: Yes / No

2. Analyze Hazards

Known hazards _____
Required Site Specific Training:
Supplied ____ Reviewed ____ Attached ____ Not Supplied ____ Not Applicable ____
(as required in Administrative Requirements)

3. Develop and Implement Controls

Personal Protective Equipment Requirements:

Hard hat ____ Safety shoes ____ Safety Glasses ____
Flashlight ____ Gloves ____ Respirator ____ Thermal clothing ____
Other ____ Not Applicable ____

4. Perform Work

Confirm operational readiness—if it's safe, conduct activity

5. Ensure Performance

My signature acknowledges that this form has been completed and is accurate to the best of my knowledge. I have met and understand all safety requirements and am qualified for all of the above field work. This form is valid for 1 year unless hazards or contaminants are modified.

BUS-6 Personnel _____

Date: _____

Facility Manager _____

Date: _____

Escort Signature _____

Date: _____

(if required)